

LOUISVILLE MEDICAL NEWS

"NEC TENUI PENNA."

Vol. V.

LOUISVILLE, APRIL 27, 1878.

No. 17.

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EDITORS.

Original.

BAD MEDICINE.

BY LUNSFORD P. YANDELL, M. D.,
*Professor of Therapeutics and Clinical Medicine in the
University of Louisville.*

A year since, when dialysed iron was a novelty, I commended it in the NEWS as a most valuable addition to the materia medica. Twelve months of additional experience has confirmed my faith in its excellence. The object of this note is to call attention to the great variety of spurious preparations sold under the name of dialysed iron. In this city I have found nine varieties of so-called dialysed iron. Some of these were manufactured here, but most of them were made elsewhere. Genuine dialysed iron is nearly tasteless. It has the faintest possible saline flavor and a mere suspicion of roughness. Slightly diluted, its taste recalls that of fresh blood. It is not in the least unpleasant, and does not blacken the teeth or tongue. It seldom or never produces any gastric disturbance or headache, and very rarely constipation. It is exceedingly reliable and rapid as a tonic.

The spurious forms of this drug are without the characteristics of taste and efficacy above enumerated, and chemical analysis readily detects their deficiencies. One of the spurious specimens before alluded to was little less unpleasant than the tincture of muriate of iron, another was excessively acid, another was decidedly saline, another was exceedingly astringent, another was

sweetish, another was bitter, and another was seemingly only colored water; another more nearly approached correctness, but only a single specimen possessed the peculiarities of the true article.

My attention was first directed to this matter through the failure or misbehavior of the dialysed iron in practice. It is but just to say that the good specimen is from Wyeth & Brother, the original manufacturers of this medicine in America. Wyeth's dialysed iron sells at about a dollar a pound. Other makes may be bought at fifty cents.

TINCTURE OF THE CITRO-MURIATE OF IRON OR TASTELESS TINCTURE OF IRON.

This is one of the very best of the ferruginous preparations. It is only second, if indeed it be second, to dialysed iron. It is equally efficacious with the old and justly-esteemed tincture of the muriate, except, perhaps, as a hæmostatic. It should be of a beautiful olive-green color, and should possess a faint, not unpleasant, saline-acid taste, almost neutral. One ounce of this with two of syrup, and a few drops of lemon-oil, makes a most elegant and agreeable tonic, particularly suited to women and children. The dose is from one scruple to one drachm. A teaspoonful of the foregoing mixture is a fair dose, thrice daily.

Unfortunately this medicine is more often found improperly than properly made; and there is no excuse for this, as tincture of citro-muriate of iron is neither difficult to make nor expensive.

ELIXIR OF CALISAYA BARK AND PYROPHOSPHATE OF IRON.

As a combined bitter and ferruginous tonic this has no superior. It is palatable and potent when properly made, but unhappily no

article of the materia medica is more various in its preparation. It should be a pleasant aromatic bitter-sweet, without inkiness of flavor, and of an amber color, and it almost never disagrees with the stomach. It is the exception to the rule to find a first-rate article in the shops.

CASCARA SAGRADO.

Parke, Davis & Co. manufacture a fluid extract of this drug which is a pleasant laxative in half teaspoonful or teaspoonful doses thrice daily. In tablespoonful doses at bedtime or before breakfast it is a good purgative. It seems to act upon the liver. It retails at twenty-five cents to thirty-five cents an ounce, which makes it too expensive for general use.

PICRATE OF AMMONIUM.

The same manufacturers lately sent to the University Dispensary a lot of one- and two-grain pills of this newly-suggested antiperiodic. After a careful trial of it in more than thirty cases of intermittent fever, I am compelled to report that it has proved a failure in my hands. It was given in one- or two-grain doses, sometimes more, thrice daily, for a week. Not only did it not break up the malarial troubles, but it produced gastric derangement in a number of cases, and with not a few patients it caused yellowness of the skin and conjunctiva.

TAMAR INDIEN.

This is an expensive patent laxative manufactured in France. It is said to be made of the pulp of the tamarind, together with aloes and other purgatives. Under the Code of Ethics no physician can honorably prescribe a patent medicine, and yet this and other patent medicines are prescribed by some physicians of standing here and elsewhere. (The writer is not one of them.)

Mr. Springer, of this city, has lately made an agreeable confection closely resembling the tamar-indien lozenges, which is a reliable laxative. It contains tamarind-pulp, chocolate, podophyllin, and other laxatives.

SULPHATE OF QUINIA.

This drug, the most valuable that we possess, has now become so expensive that it is more important than ever that we look jealously to its purity. For some months there has been no little complaint among physicians that quinia is less reliable in its action and more unpleasant in its effects than formerly. In my own person and in my practice I have of late been painfully impressed by the belief that our quinia is not what it used to be. Excessive dryness of the nose and throat, fullness of the head, vertigo, and nausea are symptoms most rarely produced by quinia; and yet in my own case, and in not a few patients, I have encountered these results of late. These symptoms are common when cinchonia is used, and cinchoquinine and quinidia often produce them. Besides this my experience and that of many of my medical acquaintances is that much larger doses of quinia are now required than formerly, and certainly the malaria of this season is not remarkably intense in its manifestations.

SWEET SPIRIT OF NITER.

When genuine this costs here forty-three to forty-five cents a pound wholesale, and yet our prescriptions are chiefly filled with an article costing only thirty-two, thirty, and even twenty-five cents a pound.

HOFFMAN'S ANODYNE.

About one dollar and ninety cents is the wholesale-price of genuine Hoffman's anodyne, but most of our prescriptions are filled with an article which is bought for forty-three to forty-five cents a pound.

It is easy to see how uncertain and unsatisfactory the practice of medicine is rendered by this state of things. The importance of taking prompt and effective steps to remedy this evil can not be over-estimated.

How may we best accomplish the desired end?

The specimens of the medicines spoken of in these notes were procured from some of the best wholesale and retail druggists

in this city, and the information concerning the prices is from the same source. It is but due to this branch of trade to say that nowhere is there a higher standard of pharmaceutical knowledge and skill, or a greater degree of personal integrity, than in Louisville.

THE CERVIX UTERI DURING LABOR.

BY L. S. OPPENHEIMER, M. D.

It is commonly accepted, both in Europe and America, that during pregnancy the cervix continues to shorten in a definite manner, until at the period of parturition the cervical canal measures no more than about an inch; that during the parturition stage this remainder increases sufficiently in length and thinness to admit of the passage of the child, etc.

To demonstrate how much of this was erroneous, and what were the real processes in these cases, was the object of an essay written by Dr. Ludwig Bandl, of Vienna, some two years ago, and ably translated into English by the popular secretary of the American Gynecological Society, Dr. J. W. Chadwick, by request of the author. This work, however, I regret to say, has not been so extensively noticed and criticised by the profession in this country as it has been in Germany, England, and Austria. There are many readers of the *MEDICAL NEWS* who have not been fortunate enough to get the pamphlet, and it is for this reason that I urge its principal teachings in the present manner. I shall here give a synopsis of a portion of Bandl's ideas, so that the reader may at least have the questions laid before him for more mature consideration. I may also state now that I have seen the original uteri from which the drawings in B.'s pamphlet were taken, and as well the beautiful microscopical sections of cervixes, three to four inches in length, cut by Dr. Babaijeff; and, in a word, am convinced that Bandl is a close and intelligent observer, and that his flattering reputation is amply deserved.

At the Hamburg Medical Association last

year, in speaking of the new theories offered by him, it was said by some that "they were astounded that a man of Bandl's acknowledged penetration and experience should attempt to bring such superannuated, exploded doctrines before the scientific world again." In England very nearly the same criticism was rendered his "new ideas;" but the critic had only heard of the work, and had never actually read it. Altogether it was theoretical criticism, which goes for nothing.

Since the publication of the above-mentioned essay B. has found new proof of his opinions in several uteri from patients who died during the earlier stages of pregnancy, showing that the changes to which he refers begin to take place from the very commencement of pregnancy.

A few years ago B. published his well-known work upon Rupture of the Uterus. In the course of the observations therein related he noticed at times that the entire head of the child was encompassed tightly by the cervix; not by a cervix "thin as tissue paper," but by a layer at the least of one quarter inch thickness. At the same time the os was but little dilated, and was surrounded by a thick ring, the remainder of the cervix.

Could the cervix, which commonly exists in the last month of pregnancy, and which measures about an inch, form all this mass? This was the question which B. put to himself, but could not answer. The opportunity, however, soon presented itself. He saw the diagrams of Wilh. Braune, of Leipzig; these are impressions taken directly from both halves of a frozen cadaver sawed vertically. This cadaver was that of a woman who at the very beginning of labor committed suicide by plunging into the river. In this case the cervix encompassed the entire fetal head, and measured eleven centimeters anteriorly and ten centimeters posteriorly. Here it was evident that the cervix had been formed around the child's head before the os had fully dilated or the vaginal cervix disappeared. The limit between corpus and

cervix uteri was well defined, and corresponded with a site a little below the lowest insertion of the peritoneum. This later fact will be found to be a guide worth remembering.

This then was the stimulus to further investigation.

We shall now examine into the nomenclature of the various parts of the cervix. If the neck of a uterus in the latter months of pregnancy be sufficiently dilated to be examined, about the following states of affairs present themselves: The finger finds the canal from one to two inches in length, mucous membrane arranged in perceptible transverse folds. After passing the "Müller's ostium internum," as B. names it, the finger comes in contact with the membranes or other presenting part. This Müller's ost. int. is largely made up of the overlapping mucous membrane; and when the finger has passed through into the uterine cavity, we notice that for some distance around the internal orifice the decidua is so loosely attached that the examining finger sweeps about with ease. The walls are here found to be much thinner and softer than those either of the corpus or cervix uteri. If the finger be pushed still higher, the membranes will be found to be more adherent, and the thicker corpus uteri more or less prominent, according to circumstances. This is the limit between corpus and cervix uteri, and is called by Bandl "Braune's ostium internum." A more appropriate term would be "*Bandl's* ost. int.," because it is he that gave it a name. This is the ost. int. of the normal non-pregnant uterus changed in position and form by the state of pregnancy. The thin, soft walls referred to are the walls of the upper portion of the cervix, which have begun to be formed in the early part of pregnancy in this manner. As soon as the corpus uteri begins to increase in volume, and its walls are pushed outward by the growing contents, the ost. int. gradually dilates, and the dilated portion grows in length and thinness. The membranes even at this stage will be found non-adherent to this portion of the cavity,

or, if adherent, only very slightly so. The insertion of the peritoneum is but a short distance above this level. In the last month of gestation this peritoneal insertion will be found in the same comparative proximity to the Bandl ost. int. as during the first months. During this month, and particularly the weeks before parturition, the greater part of that cervix which we see after labor is formed. Bandl explains the advancing of the uterine contents outward during the last weeks of pregnancy in this way:

The folds of mucous membrane following the Müller ost. int. above referred to, and which may be more or less closed or open, are pushed downward by the presenting parts either of the fetus or the membranes occasioned by the growth of the contents, and later by the imperceptible contractions of the uterus. At the same time the muscular layers both of cervix and vagina grow rapidly upward to form part of the active cervix, the ost. int. of Braune's drawings (Bandl's ost. int.) remaining in its place at the inlet to the pelvic canal. Thus the inferior segment of the uterus becomes longer at the expense of the cervix, of the vagina, and of the inner and outer layers of the corpus uteri; and in this way the uterine contents approach the ost. ext.

This inferior segment of the uterus is the cervix proper, and is not formed, as generally supposed, during the parturition-stage, and from the small, one-inch cervix mentioned; but it is formed by degrees from the time of conception. During labor this cervix becomes *shortened*, not lengthened; the fibers are drawn upward, become thicker and shorter, and the uterine contents are forced through this canal, which measures from three to four inches in length. This cervix may then remain contracted, or, as I have often seen, it becomes a flaccid sack, the corpus uteri and the Bandl ost. int. firmly contracted, while the sac easily admits the whole hand, and this without hemorrhage.

In the uteri examined by Bandl in post mortems this part of the organ was found to possess very thin walls, marked by a double circular prominence: the first corresponded with the site of the Müller, or puerperal ost. int.; the other, some two to three inches higher, was the Bandl ost. int.—in reality

the normal ost. int; and above this line the uterus was considerably thicker, and contained numerous and large blood-vessels. Below the puerperal ost. int. the mucous membrane laid in folds; above it it was entirely smooth.

The next explanation demanded would be with regard to placenta prævia. This would require too much space to answer in full. It is plain, however, that the hemorrhage which so frequently occurs in the latter part of pregnancy in these cases is due to the processes described above. As to the placental attachment, it is never literally central—i. e. immediately around the ost. int.—but can be at most loosely attached in the direct vicinity. Tables and more minute explanations are given in the work, which would be impracticable here. The above, however, it is hoped, will give the reader an idea of what Bandl's labors intend to convey.

LOUISVILLE.

Correspondence.

MUSCULAR RHEUMATISM TREATED BY SALICYLIC ACID.

To the Editors of the Louisville Medical News:

A. C., aged twenty-two, of healthy parentage and good habits; has never had any specific disease; weight, one hundred and thirty-five pounds; height, five feet eight inches; muscular development; had been lifting heavy timber all winter while working on the farm, and was well drenched in a cold rain February 21st; on the 22d had a chill, followed by a severe pain in biceps muscle of right arm, the extensor muscles of both thighs and right calf. I prescribed from office, but as he did not improve, I called to see him on the 26th. The pain had extended to all the large muscles of both arms and both legs, to the posterior and lateral muscles of neck, and to the muscles of back, thorax, and abdomen, but not so severe as in extremities. He could not move himself in any position, could not

endure the least pressure; pulse 120 and temperature 101°; no swelling or abnormal appearance of parts; no pain in the joints; his tongue clean and bowels regular, but no appetite; epistaxis often and free; urine high-colored and but slightly diminished in quantity; said he could not see any thing, but I could not detect any indications of trouble by examination of eye; pupil natural and acting well to light.

I gave him five grains of quinine every four hours, alternating with thirty grains of brom. potassii and half a grain of morphia, but had to discontinue the morphia because of nausea, and quinine because of excessive roaring in the head. Applied to arms and legs the following:

R Tinct. iodine..... ʒi;
Tinct. aconite rad..... ʒ iij. M.

S. Apply with feather, and envelop them in cotton.

I continued the bromide for six days, and increased it to sixty grains every four hours, but no improvement resulted. March 4th (tenth day of disease) I discontinued all else and gave him five grains of salicylic acid every three hours. In twenty-four hours the pains were not so severe, the next day still better, and by the 8th he was able to walk about the room almost entirely free from pain, and appetite good.

Gradually regaining, he was attacked again on the 30th of March very much as at first. April 1st I found him in about same condition as before, except the pain was limited to the muscles of both arms and right thigh. I immediately placed him on salicylic acid (ten grains) in solution every three hours. In two days he was perfectly relieved, and is now feeling quite well.

I tested the temperature in axilla occasionally at my visits; it varied from 100° to 101¾°; his pulse all the time at 120, till pain began to leave, when it returned to its normal rate.

E. W. KING.

GALENA, IND., April 18, 1878.

It is safest to prescribe nitro-muriatic acid by itself.

Miscellany.

SYMPTOMS ARISING FROM THE ASCARIS LUMBRICOIDES.—Evan Marlett Boddy, F. R. C. S., F. S. S.: So various, and sometimes apparently dangerous, are the symptoms which arise from the irritation caused by the presence of ascaris lumbricoides in the small intestines, and so remarkably do they simulate certain diseases and lesions to which the human frame is subjected both in infancy and adult life, that I am tempted to think that a few observations will not be considered a work of supererogation; for these parasites are so frequently present in the intestinal canal, irrespective of age, without our being cognizant of the fact, that we are very prone to be in error as concerns our diagnosis, owing to the ambiguity of the symptoms; besides, they give rise to such distressing sensations to those unfortunate individuals who are afflicted with them as to cause their diagnosis to be extremely difficult and unsatisfactory; partly owing, I need hardly say, to the inaccurate accounts of the sufferer. Also, I am inclined to think that these deceptive parasites (for such they really are) are treated by many authors as if they and their ravages were not of much importance, and accordingly in their works these worms and the symptoms arising from them are treated very lightly and superficially compared with their disquisitions on other subjects in relation to medicine.

In the course of my remarks I shall cite some highly interesting and instructive cases which on various occasions have come under my own immediate observation, and I shall also mention the course of treatment which I thought it necessary to pursue.

I do not think we shall be going over well-trodden ground, for the subject is far from being exhausted; besides, I think it deserves our serious and more than ordinary attention; for many individuals are afflicted—indeed, I may say, tormented—with these parasites without being aware of their presence; and as no notice is taken of the alvine excreta by the sufferers, nothing which leads

to their discovery can be elicited from them.

I have noticed that by far the greater number of cases of intestinal parasitical irritation occur in the dirty haunts of the poor of large towns and among the laboring classes of rural districts; but why they should be so remarkably prevalent in the squalid dwellings of town-poor, and yet be almost equally so in spots where nature revels in beauty and loveliness, I leave others to divine. I have found such to be the fact; but whether it is borne out by the experience and observation of others, I know not. I have invariably noticed it, and I have had many opportunities of so doing. The symptoms are also sometimes so grave and so variable that many are apt to confound them with those which are entirely dependent on diseases dangerous and incurable, for I have known some cases present such curious and varied phases, so many conflicting and deceptive symptoms, as almost to defy a correct diagnosis; and I think more especially so in the female sex, of about or beyond the age of puberty; for then we are nearly certain to have some uterine complication or a hysterical tendency which is aggravated by the irritation resulting from these parasites with which we have to deal, besides the weak state of the health which is generally present in intestinal parasitical irritation.

Indeed, in infancy the symptoms are, as a rule, variable; for some may suddenly disappear, to give place to others equally ephemeral; so that sometimes it is next to impossible to determine from what the child is really suffering; for one day there may be symptoms simulating to a marked degree some lung affection; next day, perhaps, the child is in a high state of fever, accompanied with cerebral excitement, with the temperature up to 104° F.; then, most likely, by the third day all these symptoms have passed off, and the child may appear tolerably well; on the fourth day the case is equally perplexing, for some symptoms, perhaps, have cropped up entirely different, pointing, may be, to some other derangement.

Most likely we can gather no history of worms, for these parasites hold on to their intestinal habitation very tenaciously, and then, owing to the contradictory symptoms, the case is considered as of an intricate nature, and consequently no anthelmintic is administered until the ejection of a worm by an effort of nature suddenly opens our eyes as to the real state of affairs.

I remember one very remarkable case which was admitted into one of the London hospitals, and which is aptly illustrative of these deceptive symptoms. The patient was a girl about thirteen years old, emaciated and weak; she had a continual dry hacking cough both night and day; the appetite was variable, though sometimes she would eat ravenously; at night she was exceedingly restless and excitable, and in a high state of fever. The catamenia had not appeared. The case was diagnosed as commencing phthisis, though no abnormal sounds could be detected on auscultation, nor could any lesion be discovered by palpation. For a fortnight she was under treatment, the cough continuing as bad as ever, though she very much improved in physique and gained flesh rapidly. At the end of a fortnight two large round worms were passed with much straining; the cough now decidedly improved, and the child got better, and was soon after discharged.

This case was diagnosed by one whose diagnostic skill it would have been presumption to question, to be incipient or commencing phthisis; and I remember he evinced no little surprise at the speedy recovery of the patient after the expulsion of the worms and at the rapidity with which the cough subsequently ceased.

This case, to my mind, is highly instructive, for it shows how the skill of an expert physician may be completely baffled by these parasites. There is not the slightest doubt but that the worms were expelled solely by an effort of nature, for no anthelmintic was administered, as the case was treated as incipient phthisis is generally treated; for when the child had a slight attack of diar-

rhea an astringent was administered immediately; however, the worms were ejected, and the child improved. We may with a certain degree of justice presume that there were other worms in the intestinal canal; but one thing was certain—the worms were the originators of the supposed phthisis, and the cough was no doubt gastric, and not pulmonic; for the lungs were diagnosed to be healthy by one who was fully competent to decide, though he asserted that owing to the incessant cough the case was one of incipient phthisis.

Another peculiar case came under my observation not long ago of a similar nature, but it was complicated with a rash simulating that resulting from scarlatina simplex; so much so that I was somewhat inclined at first to consider it as such, and treated it accordingly. The rash soon disappeared, but the dry hacking cough, foul tongue, and high temperature, accompanied with irregularity of the bowels, still continued; and the fever, instead of abating, increased, and the symptoms gradually assumed a typhoid character. At last the child vomited up a large round worm, and immediately experienced marked relief from its expulsion. I now changed my plan of treatment *in toto*, for I came at once to the conclusion that as one worm had been ejected others might be in the intestines; so I accordingly gave the child every night a powder, consisting of equal proportions of calomel and santalin, followed the next morning by castor-oil. In three days sixteen round worms of various sizes were passed per anum. The child now speedily recovered its previous health, the rash disappeared as rapidly as it appeared, and the cough left as quickly.

This case is extremely interesting, as it exemplifies in a most remarkable manner the various deceptive symptoms devolving on intestinal parasitical irritation; for there was the cough simulating that which is invariably present when the lungs are beginning to be consolidated by the formation and deposit of tubercles; there was the rash very similar to that which is present in

scarlatina simplex; and there was the foul, parched tongue, rapid pulse, hot and dry skin, high temperature, irregularity of the secretions, and nocturnal delirium. Now all these symptoms were what I call deceptive, for they pointed almost conclusively to certain diseases which were not present, and were simply dependent upon the irritation set up by these intestinal parasites.

Another case came under my observation with symptoms closely analogous to those indicative of acute hydrocephalus, with this difference—the pupils were of normal size, no worm had been detected in the excreta (on this point, I may say, the mother was most emphatic), so I had absolutely nothing to guide me in my diagnosis, save symptoms which had I regarded would have led me into error; but, bearing in mind those cases which had previously come under my notice, I gave the child some calomel and santonin, and by next morning four round worms had been passed. A few more powders of the same kind speedily removed the acute hydrocephalic symptoms, and the child rapidly recovered.

In other cases the symptoms were ambiguous and changeable, some of them assuming various phases daily, so that I could not arrive at any decided diagnosis, but the administration of calomel and santonin very soon elucidated what I may call the delusive phenomena of intestinal parasitical irritation.

Though these parasites are more frequently found in children, yet I have nevertheless known them give rise to such curious symptoms in the adult as to completely perplex the most skillful. Sometimes they are similar to those arising from hysteria, and they have also simulated those to which dyspepsia gives origin. The most distressing nausea and headache are also caused by these worms, the presence of them being unknown because none have been observed in the ejecta, and therefore no treatment is of benefit, save the administration of an anthelmintic and a purgative. Frequently, upon being consulted by patients suffering from

extreme debility and lowness of spirits, I have discovered that nothing save the irritation set up by these parasites originated the deceptive symptoms and their distressing sensations.

We are well aware that infantile convulsions in many cases owe their origin to the irritation produced by these intestinal parasites; but that they should be provocative of convulsive attacks in the adult, or that they should produce fits analogous to epilepsy, or seizures of an epileptic character, is a phenomenon not so generally known; in fact it is so rare an occurrence that we may designate it as a medical curiosity, a freak of disease, a deceptive symptom which one may say is significant of intestinal parasitical irritation, and as such it deserves more than ordinary attention and comment. The following case to which I shall now draw the reader's notice is a very remarkable and unique specimen illustrative of this false epilepsy, or epileptoid fits, arising from the irritation resulting from the *ascaris lumbricoides* in the intestines; for the attacks were so frequent, obstinate, and violent that the patient, a girl of eighteen years, was pronounced by many medical men to be a confirmed epileptic, and that all further treatment would be fruitless in its results. Epilepsy, or convulsions resembling that disease, as a rule proceed from some irritation of the encephalon, or from some obscure lesion of the spinal cord; but in this case they were solely dependent on the presence of the *ascaris lumbricoides*, as the subsequent results proved; for when the worms had been expelled through the means of an anthelmintic, the fits immediately ceased.

The seizures were an exact counterpart of epilepsy, yet we can not justly consider them as such, on account of their originating from intestinal irritation. They were, as I have previously said, frequent, obstinate, and violent, and upon several occasions they were of such long continuance that the presumed epileptic was much exhausted, and her constitution was visibly being undermined by the pertinacity of the attacks. On

the termination of the seizures, especially when of a prolonged nature, she would lie in a comatose or semi-comatose condition, the duration of which would last for a day or two; then she would gradually revive, and to all appearances would be in perfect health. As I had the good fortune to see her during one of the attacks, I was enabled to determine and judge for myself; and from its epileptoid character I should have considered it as a *bona fide* case of epilepsy, had it not been for many symptoms indicative of intestinal irritation and obstruction, such as the following: obstinate constipation; foul tongue; an offensive breath; appetite variable, though sometimes voracious, especially preceding the attacks; catamenia normal; and the abdomen much distended. The mental capacities were of the average standard, and were not in the least impaired, though she had been afflicted with the attacks for the long period of six years; the interregnum between each being of a longer or shorter duration, and her eyes, instead of presenting the dull, heavy appearance which is usually to be seen in epilepsy, were bright, sharp, and intelligent. This at once made me conclude that the attacks were not due to epilepsy; otherwise, considering the lapse of time, the eyes would have assumed the character more or less observable in true epileptics; besides there would have been a decided failing of the mental powers consequent upon the frequent repetition of the seizures, their severity, their obstinacy, and duration.

As no portions of the tape-worms had been discovered in the excreta, and as I was firmly persuaded that it was not a true case of epilepsy, I at once diagnosed the case as intestinal irritation resulting from the *ascaris lumbricoides*; and accordingly I administered six grains of santonin combined with an equal amount of calomel, to be followed the next morning by some castor-oil. Three large round worms, one a foot and a half in length, and about the thickness of a little finger, were speedily ejected, with wonderful relief to the patient. Continuing

this treatment for a week, she was happily ridded of her tormentors, and is now in complete health. She had one attack while under treatment, but the severity of it was considerably modified, the stupor lasting for one hour only; but after the bowels had been freely relieved, which occurred during the stupor, she was much better, and upon reviving from its effects she said she had not felt so well for years.

The peculiarity and chief interest of this case rests on the similarity existing between the convulsive attacks resulting from the irritation produced by the *ascaris lumbricoides* and those arising simply from epilepsy, its remarkable prolongation, and the rapidity of its cure.

Many reasons could be assigned for the extreme irritability of the nervous system, such as acute sensibility of the sympathetic, caused more or less by the movements of the parasites, or the spinal cord might have become peculiarly irritable owing to this nervous system being complicated, and which perhaps at certain periods culminated in a fit, the frequency and severity of which depended either upon the condition of the alimentary tract or mental excitability produced by the pneumogastriacs being irritated through the medium of the ganglia of the sympathetic; but there is no doubt but that the *ascaris lumbricoides* were the direct or prime causes of the convulsions, and being so it makes the case more peculiarly interesting, and especially as the convulsions simulated epileptic fits.

These examples I have mentioned as illustrating the deceptive symptoms arising from intestinal parasitical irritation are not only instructive, but they show us to a marked degree how easily one may be led into error in their diagnosis, and how the prognosis, instead of being hopeful, is of necessity doubtful and ominous, because the presence of the *ascaris lumbricoides* in the intestines is not discovered, and also the various, peculiar, and often conflicting, promiscuous symptoms, which are many times apparently serious, mislead us, and the patient's health

is considered to be in a precarious condition, when the administration of an anthelmintic would immediately cure the sufferer and put to flight the grave symptoms which caused us to imagine life to be in jeopardy. —*London Med. Press and Circular.*

STAND FROM UNDER!—The following circular from the Illinois State Board of Health has been received:

CHICAGO, April 10, 1878.

DEAR SIR—At a meeting of the Board held at Cairo, November 15, 1877, the following resolutions were unanimously adopted:

Resolved, That on and after July 1, 1878, the Board will not consider any medical school in good standing which holds two graduating courses in one year.

Resolved, That on and after July 1, 1878, the Board will not recognize the diplomas of any medical school which does not require of its candidates for graduation the actual attendance on at least two full courses of lectures, with an interval of six months or more.

R. LUDLAM, M. D., Chicago.

A. L. CLARK, M. D., Elgin.

W. M. CHAMBERS, M. D., Charleston.

J. M. GREGORY, LL. D., Champaign.

HORACE WARDNER, M. D., Cairo.

NEWTON BATEMAN, LL. D., Galesburg.

JOHN H. RAUCH, M. D., Chicago,

President and Acting Secretary.

THE COST OF MEDICAL EDUCATION.—*London Lancet*: There is, we understand, a general feeling among the teachers of medicine in London that the old charges for medical teaching are no longer enough to cover the cost of the apparatus and to remunerate the teacher. At a meeting of the representatives of every school in London, held on Wednesday evening, it was unanimously resolved to commend to the consideration of the schools the propriety of raising the fees twenty-five per cent. Though the carrying out of this proposal will have far-reaching consequences that will require much elucidation, it must be admitted that, in London at least, where so much of the cost of working medical schools falls on the teachers, there is a good deal to be said in support of it. At the same time it will add gravely to the cost of medical education in England, where the government is seriously proposing

to sanction a scheme for a mere licensing examination that is to cost not less than thirty guineas.

MALARIA.—*London Lancet*: Dr. Sullivan, on March 18, read before the Medical Society of London a paper on the action of malaria on the human organism. He advocates the theory that to nerve paralysis, through the action of this poison, must be attributed, not alone the phenomena manifested during a paroxysm, but also the sequel of the intermittent fever. Dr. Sullivan availed himself of the occasion to expound the views of Professor Baccelli, of the University of Rome, on "the influence of malaria on the spleen." He explained, by means of a diagram, copied from one of Baccelli's, the special venous circulation between the spleen, stomach, pancreas, and liver, together with the peculiar function of the spleen destined to supply to the glands of the stomach the materials necessary for their secretion. He therefore concludes that whatever tends, like the poison of malaria, to impair the function or the texture of the spleen (an organ which, as a part of the lymphatic apparatus, acts so important a part in the formation of the blood and in the process of nutrition), must affect greatly the function of digestion.

THE TEMPERATURE OF THE HUMAN BODY.—Surgeon-major J. P. Boileau, A. B., M. D., in the *London Lancet*, asserts that the human temperature is not one degree higher in the tropics than elsewhere, as is commonly taught, but is the same in all latitudes, and further says: "As a result of many thousands of observations on the temperature of the white man in various climes, with shade temperatures as high as 105° F. and as low as 20° below zero, I have been led to the conclusion that the normal axillary temperature of the healthy adult is between 98° and 99° F.; in fact, it seems to me that this temperature is as valuable and as constant a characteristic of his human identity as is the structure of his bones."

Selections.

TREATMENT OF DISEASES OF CHILDREN.

Dr. P. Brynberg Porter, in the April number of American Journal of Obstetrics, makes a report of two thousand cases of disease in children treated at Demilt Dispensary, from which we make the following extracts:

Cervical Adenitis.—"In certain instances the glandular trouble seemed plainly due to some local source of irritation, but for the most part it was associated with a scrofulous or otherwise cachectic condition. In some instances the careful use of mercurial ointment, almost always accompanied with the internal administration of tonic and alterant remedies, seemed to act quite happily. No attempt was made to reduce the size of chronically enlarged glands by the injection into their structure of acetic acid or tincture of iodine.

Anæmia.—"Of course there were a vastly larger number of patients than twenty-nine who were anæmic; but in these the anæmia seemed to be the principal or only trouble, while in the others it was merely one of the manifestations of some general constitutional condition, like rachitis or malaria. In two cases the anæmia appeared to be the result of repeated epistaxis, from which the children had been suffering for some time, and in another the debilitated state of the system (without appreciable disease of the lungs or other organs) gave rise to cold night-sweats of considerable severity. In the latter case the patient, a girl of six years, soon recovered her health and strength under a better hygienic regimen and the use of cod-liver oil and iron, with fifteen minims of tincture of belladonna at bed-time, in accordance with the teachings of Ringer and Fothergill. In an article on Anhydrotics, published in the Practitioner a little more than a year ago, Dr. Fothergill says: 'The most potent of all anhydrotics, in my experience, is unquestionably belladonna. We are indebted to Dr. Sidney Ringer for our knowledge of this property of belladonna; and I have no hesitation in saying that the use of this agent completely changes the aspect of many cases of pulmonary phthisis. For the arrest of the exhausting night-perspirations of phthisis belladonna is as potent as digitalis is in giving tone to a feeble heart. . . . My experience of the use of belladonna in the treatment of hydrosis is not a very limited one, and it enables me to say that belladonna or atropine may be freely used without apprehensions as to any serious toxic effects appearing. It is not a treacherous drug by any means, and may be used with confidence.'

Ascarides.—"The symptoms of ascarides are succinctly given in the following manner by Heller, in Zeimssen's Cyclopedia. (The description refers

particularly to *lumbrici*, but is equally applicable to *oxyurides*, except that, when the latter are present, we have in addition the intolerable irritation about the anus, which renders them, 'in spite of their small size, the very worst tormenters of man.')

'Foremost among these phenomena we have itching of the nose, colic-like pains around the navel, boring and tearing pains in the abdomen, inflation of the region of the stomach, changeable appetite, and diarrhea, with the expulsion of masses of mucous, which are occasionally tinged with blood. As external symptoms, we not infrequently see swelling of the face, darkening of the eyelids, unequal dilatation of the pupil, foul breath, and general wasting. Nervous symptoms, such as irregular pulse, unpleasant dreams, grinding the teeth during sleep, and starting out of it in a fright, with pains in the limbs, are all said to be caused by the presence of the worm. These symptoms are all very indefinite, and but little characteristic; still, when taken together, they are especially valuable as not belonging to any other disease.' To these signs I may add a marked craving for bread in a certain proportion of cases, and nausea in a few instances. In one or two of my cases there was epistaxis, which was no doubt induced by the constant picking at the nose, and in two or three convulsions, for which there seemed to be no other assignable cause than the nervous disturbances produced by the presence of the worms. The statement of Heller, that round and thread worms are even more frequent in adults than in children seems almost incredible, though apparently supported by the statistics which he gives. Certainly, if this is the case, they very rarely produce any symptoms at all in the adult. No attempt was made in my observation to show the relative frequency of the *lumbricoides* and the *vermicularis*; but in a number of instances it was found that both varieties of *ascarides* were present in the same child.

Treatment of Ascarides.—"As regards treatment, *santonin* has been my unfailing resource in both forms of worms, and the longer I employ it the more implicit confidence do I place in it. My method is that adopted by the late Dr. John S. Parry (in whose service in the children's wards of the Philadelphia Hospital, I first saw *santonin* administered), viz., to give one grain for every year of the child's age, though seldom increasing the dose beyond five grains. I am usually in the habit of ordering five powders made with an equal quantity of pulverized sugar, which may be placed dry upon the tongue, and which children swallow with great avidity. Of these, one is to be taken every night and morning until all are gone, when a dose of castor-oil or other simple purgative is given. Heller recommends it in doses of from one third to one and a half grains, the latter dose only to a grown-up person; but these, I think,

are too small to get the full effect of the drug, and he himself acknowledges that, except in large doses, it is quite innocuous. I remember one case in which I ordered it in four or five grain doses, when the German druggist, to whom the prescription was taken, brought it back to me in great consternation, fearing that I had made some frightful mistake, and that the child would surely be killed if it took the medicine.

Bronchitis.—"I have nothing new to offer on this subject, but will merely say that in the early stages of acute bronchitis I have found tincture of aconite and muriate of ammonia of very great service; and that the old-fashioned brown mixture, usually combined with one or more appropriate expectorants, has proved of the most universal application of any remedy that I have employed. In chronic bronchitis cod-liver oil, either alone or in combination, has been my great stand-by. Where the cough is very annoying at night, chloral often acts in the happiest manner. There were a few cases of capillary bronchitis, but none accompanied by pulmonary collapse or of very alarming seriousness.

Cholera Infantum.—"In the treatment of this dangerous affection the most rigid attention to diet, at first allowing no food whatever to be given, and the early and free use of stimulus, I have found to be the most important points. I have sometimes ordered as much as a teaspoonful of brandy (though not to be given all at once) every hour until the system rallied, if it could be borne by the stomach. To allay vomiting both in cholera infantum and ordinary infantile diarrhea, I sometimes resort to wine of ipecac in drop-doses repeated every hour, as recommended by my friend Dr. S. Henry Dessau. J. Lewis Smith employs one tenth to one sixth of a drop of the tincture; but it seems to me that such doses are too small to have any appreciable effect.

Constipation.—"Of course there was a very much larger number of patients than eight suffering from constipation, but in the eight cases recorded under this head it seemed to be the only difficulty present. In the constipation of young infants I have found the use of oat-meal, suggested to me by my friend Dr. B. F. Dawson, frequently of service; but sometimes it has entirely failed to relieve it. Where I have found it necessary to resort to the use of drugs, podophyllin in small and repeated doses [*vide* LOUISVILLE MEDICAL NEWS formulary, p. 57, Vol. V.] has been quite a favorite one with me."

Dr. Seaton on Re-Vaccination.—*London Medical Press and Circular*: We have always attached much importance to re-vaccination, and therefore we are glad to see there is a memorandum on the subject in the recently issued Report of the medical officer of the Local Government Board. Generally speaking, remarks Dr. Seaton, the best time of life for re-vacci-

nation is about the time when growth is completing itself, say from fifteen to eighteen years of age; and persons in that period of life ought not to delay their re-vaccination till times when there shall be a special alarm of small-pox.

We are strongly of opinion that there would be a great deal more re-vaccination if the family medical man always made a point of drawing the attention of parents to the necessity of their adult children being re-vaccinated. We feel certain that as a rule medical men neglect to do this, little thinking how by insisting on the repetition of the operation they have it in their power to starve, and therefore to weaken the force of any future epidemic of small-pox.

Glycerole of Subacetate of Lead.—*London Practitioner*: This preparation, made by Mr. Martindale, consists of liquor plumbi subacetatis, prepared with glycerine. It has been found useful in eczema, acute and chronic. One part may be mixed with seven parts of glycerine, and the proportion of the glycerole afterward gradually increased, as the case will bear it, till it is applied of full strength. Mixed with vasaline and a little solid paraffin to give firmness, it forms *unguentum plumbi subacetatis cum petroleo*. This ointment is an elegant substitute for *unguentum plumbi subacetatis compositum* (Goulard's cerate), as it will keep indefinitely, is always free from rancidity, and forms a bland healing application for ulcerated legs and eczematous surfaces.

Gummi Rubrum in the Treatment of Diarrhea, Dysentery, etc.—T. M. Sheridan writes to the *London Medical Press and Circular*: "Having read in Squire's Companion to the British Pharmacopœia of the therapeutic effects of the gummi rubrum, and being in a district where diarrhea and dysentery are very prevalent, I was led to try it in cases where other remedies had failed, and from the general success attending its use I have adopted it in all severe cases after inflammatory symptoms have subsided. I have this spring used it in twenty-seven severe cases, with the most satisfactory results, in the following manner: *R. Pulv. gummi rubrum, gr. ij; aq. ad ʒj.* Mix thoroughly, take three times a day in port wine (ʒ ss), the wine covering the bitterness of the mixture."

Treatment of Cholera.—T. D. Atkins, M. R. C. S., writes to the *London Lancet* as follows: "I see in your issue of last week that a surgeon in India has tried the injection of chloral in cholera, and lost sixty per cent of his patients. I have tried oil of cinnamon in an outbreak on board an Indian emigrant ship, and every case recovered. I have no doubt that the above medicine is a specific for cholera."